

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Kila  
District of Pecos  
Town of Rice  
or  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 181  
County Registrar No. 10  
Local Registrar No. 5

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Pauline Dunn { If child is not yet named, make supplemental report, as directed.

3. Sex of Child { To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
7. Date of birth 1 12 25  
Month Day Year

8. FATHER  
Full name Peter Dunn

9. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

10. Color or race 4/4 Indian  
11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Rice  
(State or country) Ariz

13. Occupation Farmer  
Nature of Industry

14. MOTHER  
Full maiden name Prilla Humme

15. Residence (Usual place of abode) Rice Ariz  
If non-resident, give place and state.

16. Color or race 4/4 Indian  
17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Rice  
(State or country) Ariz

19. Occupation Housewife  
Nature of Industry

20. Number of children of this mother { (a) Born alive and now living 2  
(b) Born alive but now dead 3  
(c) Stillborn 0 }  
(Taken as of time of birth of child herein certified and including this child.)  
21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that ~~attended~~ the birth of this child, who was born alive at 2 P. m. on the date above stated  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature P. H. Sawyer, M.D. (Physician or midwife.)  
Address San Carlos Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Registrar \_\_\_\_\_  
Filed 2/4 1925 G. E. Wright County Registrar

745-112-785